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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Booket Nember		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					_	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	IC FEE CFR 1.16(a))							s	OR		s
	AL CLAIMS CFR 1.16(c))		minus 20 = *				x \$=		OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		s	minus 3 =		•		x \$=		OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =		OR	+s =		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										O THAN	
	1050	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Column 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	/	RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	12	Minus	<u> 18°</u>	= /		x \$=		OR	x \$=	
	Independent (37 CFR 1,16(b))	<u>. </u>	Minus	<u>"3</u>	=		× \$=/		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+s =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				1		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=		× \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=		× \$=		OR	× \$=	
[₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+s =	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE `	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$=		OR	× \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	× \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Internation is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1293.12790 PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Catumn 1) (Column 2) TYPE -OR SMALL ENTITY TOTAL CLAIMS RATE FFF RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 LASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS minus 20= 0 XS Sa X518= OR INDEPENDENT CLAUMS D minus 3 = X43= X860 0 MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= 0 " If the difference in column 1 is less than zero, enter "O" in column 2 TOTAL TOTAL 1220 OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY (Column 1) OR SMALL ENTITY (Column 2) (Column 3) · ululos REMAINING ADDI-ADDI-NUMBER PRESENT TIONAL RATE AFTER PREVIOUSLY RATE TIONAL EXTRA CENDMENT PAID FOR FEE FEE 20 XS III Total Minus X\$ 9-200 OR Minus 7 Independent X43-QA FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290-OR ADDIT. FEE 53D ADDIT FEE (Column 2) Highest (Column 3) • NUMBER ADDI ADDI-PRESENT AMENDMENT AFTER PREVIOUSLY TIONAL RATE TIONAL RATE EXTRA PAID FOR FEE FEE Total 1 X\$ 9= X\$18e ΟŔ Minus X43-XXX OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290-OR TOTAL ADDIT FEE (Column 1) (Column 3) ٠. CLANA U MILBER ADDI ADDI **TESENT** AMENDMENT AFTER REVIOUSLY EXTRA RATE TICHAL RATE TIONAL MAID FOR FEE FEE Total Minus 22 9-X318= OR Maria X43-X88-FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM CIR +145= +290-OR If the entry in column 1 is less than the entry in column 2, write "I' in column 3. If the Trighest Number Previously Paid For" IN THES SPACE is less than 20, enter "20." The Trighest Number Previously Paid For" IN THES SPACE is less than 3, enter "3." The Trighest Number Previously Paid For" (Total or Independent) is the highest number

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Application or Docket Number

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